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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 18-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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September 16, 2019

Marie Matthews, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0031. This amendment is a coverage and payment SPA that authorizes MT to use a single contractor to provide TCM to individuals with developmental disability who are ages 16+ or are enrolled in MT's HCBS waiver for individuals with IDD/DD and for the State to pay a bundled monthly FFS rate. This SPA to reform the service delivery system and restructure payments was the result of conversations MT had with its TCM provider community about the challenges of providing the service statewide in an efficient and effective manner.

Please be informed that this State Plan Amendment was approved today, with an effective date of June 1, 2018. We are enclosing the summary page and the amended plan page(s).


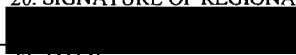
If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Mary Marchioni  
Acting Deputy Division Director  
Western Regional Operations Group  
Denver Regional Office  
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director  
Mary Eve Kulawik, Montana

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0031	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 06/01/2018	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR Part 440.169 42 CFR Part 441.18		7. FEDERAL BUDGET IMPACT: a. FFY 18 (4 months): \$ (264,884) b. FFY 19 (12 months): \$ (790,978) c. FFY 20 (8 months): \$ (527,319)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1C to Attachment 3.1A Service 19c, Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over, Pages 1-7 of 7  Supplement 1C to Attachment 3.1B Service 19c, Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over, Pages 1-7 of 7  Attachment 4.19B Service 19 c, Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over, Pages 1-2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Supplement 1C to Attachment 3.1A Service 19c, Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home Pages 1-7 of 7  Supplement 1C to Attachment 3.1B Service 19c, Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home Pages 1-7 of 7  Atachment 4.19B Service 19c, Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home Page 1 of 1	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to update the Targeted Case Management (TCM) DD State Plan language: <ul style="list-style-type: none"> <li>• Provide TCM services for children under the age of 16 enrolled in the 0208 1915(c) Waiver due to anticipated elimination of Waiver-funded Children's Case Management (WCCM) services from the 0208 Waiver;</li> <li>• change reimbursement amount to contracted case management agency;</li> <li>• change minimum number of face-to-face contacts from four to three annually and describing purpose of these meetings;</li> <li>• remove maximum caseload sizes;</li> <li>• revise list of new case manager employee training requirements and knowledge and remove the requirement for a minimum of 20 hours of training annually to an updated list of training/knowledge requirements for all case managers; and</li> <li>• language clean-up of descriptors of billable activities which included adding language to Comprehensive and Periodic Assessment duty that more clearly aligns with assessment and reassessment described in applicable Administrative Rules of Montana, deleting reassessment information from the Monitoring duty and moving to Comprehensive and Periodic Assessment duty, and revising Personal Support Plan to the more widely accepted term of Plan of Care.</li> </ul>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal: 5-30-18 Resubmittal: 8-28-19			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  May 30, 2018		18. DATE APPROVED:  September 16, 2019	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  June 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:  Mary Marchioni		22. TITLE:  Acting Deputy Division Director, WROG	
23. REMARKS:			

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

**Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):**

**[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]**

*Targeted case management (TCM) services are furnished to all eligible Medicaid individuals who have a developmental disability (DD) as defined under state statute and who are either under the age of 16 and are enrolled in the Developmental Disabilities Program (DDP) 0208 1915(c) Comprehensive Waiver or are ages 16 and older. Services are the same for those who are under the age of 16 and are enrolled in the DDP 0208 1915(c) Comprehensive Waiver and for those who are ages 16 and older. This target group does not include individuals who reside in a Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or nursing facility, except for the time-period required to assist in transition to community services. TCM services are coordinated with, and do not duplicate, activities provided as a part of developmental institutional services and discharge planning activities. The target group does not include individuals who receive case management services under a home and community-based waiver program authorized under Section 1915(c) of the Social Security Act.*

X **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)**

**Areas of State in which services will be provided (§1915(g)(1) of the Act):**

X **Entire State**  
     **Only in the following geographic areas: [Specify areas]**

**Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))**

     **Services are provided in accordance with §1902(a)(10)(B) of the Act.**  
X **Services are not comparable in amount duration and scope (§1915(g)(1)).**

**Definition of services (42 CFR 440.169):** Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

**Targeted Case Management includes the following assistance:**

- ❖ **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **taking client history;**
  - **identifying the individual's needs and completing related documentation; and**
  - **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;****[Specify and justify the frequency of assessments.]**

*The case manager must complete the following annual assessments for the purpose of personal support planning:*

- *A consumer survey to be completed upon the person's entry into services and annually thereafter to assess living arrangements, personal choices, community membership and integration;*
- *A risk factor for health and safety form; and*
- *If the person is not receiving residential services, or doesn't have natural supports addressing health care needs, the case manager obtains results from the following assessments:*
  - *Physical—yearly, unless otherwise recommended by the person's physician;*
  - *Dental—yearly, unless otherwise recommended by the person's dentist;*
  - *Hearing—as determined by the person's health care professional; and*
  - *Vision—as determined by the person's health care professional.*

*The Montana Resource Allocation Tool, also known as Montana Needs Assessment (MONA), is a web-based assessment of service levels in compliance with the Department's DDP rate reimbursement requirements. The case manager conducts the MONA when an individual is selected from the statewide waiting list for waiver services. The MONA is updated to reflect reassessments as recommended by the Plan of Care (POC) team.*

- ❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
  - **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
  - **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
  - **identifies a course of action to respond to the assessed needs of the eligible individual;**

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

- ❖ **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including**
  - **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**
- ❖ **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan.****Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.]**

*The case manager meets with the individual for a minimum of three face-to-face contacts per year. These meetings focus on reviewing with the individual progress and satisfaction with activities and actions in the POC, monitoring for changes of health and/or safety needs, and facilitating any necessary revisions to the POC.*

*If an individual is being assisted through a crisis, the case manager convenes the POC team to discuss appropriate action, which could include: a behavior intervention plan, medical review, additional staff, or other response. If the individual's POC team consists only of the individual and the case manager, the case manager refers the individual in crisis to an appropriate service provider. If there is suspected abuse, neglect, and/or exploitation of the individual, the case manager immediately reports the incident to: the Department's Adult Protective Services or Child and Family Services Division; appropriate state staff, if applicable; and the appropriate management staff of the service provider, if applicable. When institutional commitment is being sought, the case manager coordinates the provision of the individual's information with the appropriate people.*

X **Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.**  
**(42 CFR 440.169(e))**

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

**Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):**

**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

*A case manager must be employed by the Department's DDP or a case management provider contracting with the DDP. The following requirements are in addition to those contained in rule and statutory provisions generally applicable to Medicaid providers. A targeted case manager must meet the following criteria:*

- A bachelor's degree in social work or a related field from an accredited college and one year's experience in human services; or have provided case management services, comparable in scope and responsibility to that provided by case managers, to persons with DD for at least five years; and*
- At least one year's experience in the field of DD; or have completed at least 40 hours of training in service delivery to persons with DD under a training plan reviewed by the Department within no more than three months of hire or designation as a case manager.*

*Ongoing documentation of the qualifications of case managers and completions of training must be maintained by the case manager's employer.*

*The following training/knowledge requirements apply:*

- Reporting requirements for Adult and Child Protective Services and the DDP Incident Management Policy.*
- Knowledge of case management methods, procedures and practices;*
- Ability to assess and reassess continuing member need;*
- Ability to develop and implement member plan and determine the services most appropriate to meet the assessed need(s);*
- Ability to monitor and implement the POC;*
- Ability to provide guidance to assist members in utilizing community services effectively and appropriately;*
- Ability to promote members' self-determination; and*
- Reporting requirements for Adult and Child Protective Services and the DDP Incident Management Policy.*

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

*Additional provider qualifications include:*

- *Case management activities will comply with DDP policy, guidelines in the current version of the Case Manager Handbook, and current POC guidelines;*
- *Providers will submit an annual list of: case manager names; FTE level; location; verification that each case manager has complied with requirements; and case managers' case load list, sorted by individuals enrolled in DDP 0208 1915(c) waiver services, and those receiving case management services only;*
- *As changes occur, the provider will inform the DDP Regional Manager and verify that each case manager is qualified;*
- *Providers must offer the assurance that case managers are available to provide case management services to all eligible individuals in the counties for which they serve;*
- *Agencies that provide case management and other services in the same region will not be allowed to provide case management services to the same individuals who receive other services from that agency;*
- *Providers must offer the assurance that all members receiving services are residents of the State of Montana and present within the State when receiving services;*
- *A system for handling member grievances is in place;*
- *Protection of the confidentiality of client records must be evident; and*
- *Units of services delivered for reimbursement are recorded and calculated in an electronic state-approved data system.*

**Freedom of choice (42 CFR 441.18(a)(1)):**

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

**Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):**

  X   Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]



**State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**

*Montana TCM services are available to members receiving 0208 1915(c) Comprehensive Waiver Services, or eligible individuals age 16 years and over, through the Department's DDP and a single contracted non-governmental case management entity qualified to deliver TCM services to individuals with developmental disabilities. To ensure individuals with developmental disabilities receive needed services, the non-governmental case management entity is contractually required to provide case management services in all small-town and rural areas in Montana, where historical experience has shown it is difficult for the Department's DDP to adequately staff case managers. This assures availability of TCM services for every eligible member residing anywhere in the state.*

*Prior to June 2018, the Department contracted with four non-governmental entities for TCM services. When faced with budget constraints necessitating a reduction in rates of TCM services the Department engaged these providers in discussion. With provider input, it was determined that because of economies of scale, the only method to assure statewide TCM coverage was to contract with a single provider. Thus, the Department engaged in a competitive Request for Proposal (RFP) process and selected a qualified entity to deliver TCM services.*

*Since the TCM contractor awarded through the RFP process also delivers 0208 1915(c) Comprehensive Waiver Services, the Department requires members receiving waiver services from the contractor have TCM services delivered by a TCM employed by the Department.*

**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**

**The State assures the following:**

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**
- **Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

**Payment (42 CFR 441.18(a)(4)):**

**Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**

**State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**

**Case Records (42 CFR 441.18(a)(7)):**

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

**Limitations:**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

**[Specify any additional limitations.]**

*Unallowable targeted case management activities include: 1) counseling; 2) coordination of the investigation of any suspected abuse, neglect and/or exploitation cases; 3) transporting members; and 4) monitoring the member's personal financial status and goals.*

*Writing or entering case notes for the member's case management file and transportation to and from member or member-related contacts are allowable, but not billable TCM activities.*

**State Plan under Title XIX of the Social Security Act  
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- *A consumer survey to be completed upon the person's entry into services and annually thereafter to assess living arrangements, personal choices, community membership and integration;*
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- ❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
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**TARGETED CASE MANAGEMENT SERVICES**

- ❖ **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including**
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- ❖ **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan.****Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.]**

*The case manager meets with the individual for a minimum of three face-to-face contacts per year. These meetings focus on reviewing with the individual progress and satisfaction with activities and actions in the POC, monitoring for changes of health and/or safety needs, and facilitating any necessary revisions to the POC.*

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X **Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.**  
**(42 CFR 440.169(e))**

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

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**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

*A case manager must be employed by the Department's DDP or a case management provider contracting with the DDP. The following requirements are in addition to those contained in rule and statutory provisions generally applicable to Medicaid providers. A targeted case manager must meet the following criteria:*

- A bachelor's degree in social work or a related field from an accredited college and one year's experience in human services; or have provided case management services, comparable in scope and responsibility to that provided by case managers, to persons with DD for at least five years; and*
- At least one year's experience in the field of DD; or have completed at least 40 hours of training in service delivery to persons with DD under a training plan reviewed by the Department within no more than three months of hire or designation as a case manager.*

*Ongoing documentation of the qualifications of case managers and completions of training must be maintained by the case manager's employer.*

*The following training/knowledge requirements apply:*

- Reporting requirements for Adult and Child Protective Services and the DDP Incident Management Policy.*
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- Ability to promote members' self-determination; and*
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**State Plan under Title XIX of the Social Security Act  
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- *Providers will submit an annual list of: case manager names; FTE level; location; verification that each case manager has complied with requirements; and case managers' case load list, sorted by individuals enrolled in DDP 0208 1915(c) waiver services, and those receiving case management services only;*
- *As changes occur, the provider will inform the DDP Regional Manager and verify that each case manager is qualified;*
- *Providers must offer the assurance that case managers are available to provide case management services to all eligible individuals in the counties for which they serve;*
- *Agencies that provide case management and other services in the same region will not be allowed to provide case management services to the same individuals who receive other services from that agency;*
- *Providers must offer the assurance that all members receiving services are residents of the State of Montana and present within the State when receiving services;*
- *A system for handling member grievances is in place;*
- *Protection of the confidentiality of client records must be evident; and*
- *Units of services delivered for reimbursement are recorded and calculated in an electronic state-approved data system.*

**Freedom of choice (42 CFR 441.18(a)(1)):**

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

**Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):**

  X   Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

*Montana TCM services are available to members receiving 0208 1915(c) Comprehensive Waiver Services, or eligible individuals age 16 years and over, through the Department's DDP and a single contracted non-governmental case management entity qualified to deliver TCM services to individuals with developmental disabilities. To ensure individuals with developmental disabilities receive needed services, the non-governmental case management entity is contractually required to provide case management services in all small-town and rural areas in Montana, where historical experience has shown it is difficult for the Department's DDP to adequately staff case managers. This assures availability of TCM services for every eligible member residing anywhere in the state.*

*Prior to June 2018, the Department contracted with four non-governmental entities for TCM services. When faced with budget constraints necessitating a reduction in rates of TCM services the Department engaged these providers in discussion. With provider input, it was determined that because of economies of scale, the only method to assure statewide TCM coverage was to contract with a single provider. Thus, the Department engaged in a competitive Request for Proposal (RFP) process and selected a qualified entity to deliver TCM services.*

*Since the TCM contractor awarded through the RFP process also delivers 0208 1915(c) Comprehensive Waiver Services, the Department requires members receiving waiver services from the contractor have TCM services delivered by a TCM employed by the Department.*

**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**

**The State assures the following:**

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**
- **Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

**Payment (42 CFR 441.18(a)(4)):**

**Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**



**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES**

**Case Records (42 CFR 441.18(a)(7)):**

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

**Limitations:**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

**[Specify any additional limitations.]**

*Unallowable targeted case management activities include: 1) counseling; 2) coordination of the investigation of any suspected abuse, neglect and/or exploitation cases; 3) transporting members; and 4) monitoring the member's personal financial status and goals.*

*Writing or entering case notes for the member's case management file and transportation to and from member or member-related contacts are allowable, but not billable TCM activities.*

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Targeted case management (TCM) services for individuals enrolled in the 0208 1915(c) Waiver or with developmental disabilities age 16 and over are provided by State of Montana employees and private contracted case management agencies. TCM services include comprehensive assessment and periodic reassessment of individual needs; development (and periodic revision) of a specific care plan that is based on the information collected through the assessment; referral and related activities; and monitoring and follow-up activities. These four TCM services are described in more detail in Supplement 1C to Attachment 3.1A of the state plan. State TCM services are paid based on actual cost as described in number 1 below; contracted TCM services are paid via a monthly rate as described in number 2 below.

1. Case management services provided by State-employed case managers are reimbursed via actual cost. Cost applicable to case management services provided by State-employed case managers is recorded within the State's Cost Allocation System (CAS). The following expenditures can be included as part of the State's case management claim of expenditure on the CMS-64. These expenditures are captured and allocated through CAS:
  - Salaries/Wages of the applicable case managers
  - Fringe benefits for the applicable case managers
  - Consult and Professional Services
  - Broadcast Distribution Services
  - Photocopy Pool Services
  - Photo and Reproduction
  - Telephone Equipment
  - Telephone Voice and Long Distance Services
  - Mileage
  - Motor Pool Expenses
  - Meals Expenses (Overnight)
  - Postage
  - Leased Vehicles
  - Rent
  - Vehicles

In order to identify the portion of the above expenditures that is applicable to Medicaid, the State maintains a record of case management units delivery by its case managers. A unit of service is expressed in 15-minute increments. The State records the total units of case management delivered within a month, as well as the number of units delivered to Medicaid beneficiaries. The ratio of Medicaid units over total units is then applied to the amounts applicable to the above expenditures to determine the portion of total cost to be claimed as the State's case management expenditure. As the State's claim of expenditure is made via the CMS-64, the State repeats this process for the remaining months within the quarter and includes its expenditure for the applicable three-month period on the CMS-64.

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2. The payment unit for private contractors is a monthly unit. The rate does not include costs related to room and board or other unallowable facility costs. Private case management agency documents contacts with, or on behalf of members on caseloads. In addition to the date of contact, the contracted targeted case manager documents the type of contact, with whom, and a summary of the content. The contractor is paid through the bundled payment rate, based on the previous month's membership, and cannot bill separately for services included in the bundle. The monthly payment rate shall not be paid unless an allowable TCM service is provided to an eligible beneficiary within the month. Any Medicaid providers delivering separate services outside of the bundle may bill for those services in accordance with the state's Medicaid billing procedures.

The Department's fee schedule rate for private providers was set as June 1, 2018 and is effective for services provided on or after that date. All rates are published on the agency's website at [medicaidprovider.mt.gov](http://medicaidprovider.mt.gov).

The state periodically monitors the actual provision of targeted case management services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.